

Exhibit A

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
New York District Office
33 Whitehall Street, 5th Floor
New York, New York 10004-2112

TO:
The Bronx Parent Housing Network, Inc.
1802 Crotona Ave
Bronx, NY 10457

PERSON FILING CHARGE:
Dwayne Harris
THIS PERSON (Check one):
Claims to be aggrieved [x]
Files on behalf of other(s) []
DATE OF ALLEGED VIOLATION:
2/26/2018
PLACE OF ALLEGED VIOLATION:
New York County
EEOC CHARGE NUMBER:
16GB803013
FEPA CHARGE NUMBER:
10194370

NOTICE OF CHARGE OF DISCRIMINATION WHERE AN FEP AGENCY WILL INITIALLY PROCESS

YOU ARE HEREBY NOTIFIED THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER

- [X] Title VII of the Civil Rights Act of 1964
- [X] The Age Discrimination in Employment Act of 1967 (ADEA)
- [X] The Americans with Disabilities Act (ADA)

HAS BEEN RECEIVED BY: The New York State Division of Human Rights (FEP Agency) and sent to the EEOC for dual filing purposes.

While the EEOC has jurisdiction (upon expiration of any deferral requirements if this is a Title VII or ADA charge) to investigate this charge, EEOC may refrain from beginning an investigation and await the issuance of the FEP Agency's final findings and orders. These final findings and orders will be given weight by EEOC in making its own determination as to whether or not reasonable cause exists to believe that the allegations made in the charge are true.

You are therefore encouraged to cooperate fully with the FEP Agency. All facts and evidence provided by you to the Agency in the course of its proceedings will be considered by the Commission when it reviews the Agency's final findings and orders. In many instances the Commission will take no further action, thereby avoiding the necessity of an investigation by both the FEP Agency and the Commission. This likelihood is increased by your active cooperation with the Agency.

As a party to the charge, you may request that EEOC review the final decision and order of the above named FEP Agency. For such a request to be honored, you must notify the Commission in writing within 15 days of your receipt of the Agency's issuing a final finding and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by the Commission.

For further correspondence on this matter, please use the charge number(s) shown.

[] An Equal Pay Act investigation (29 U.S.C. §206(d)) will be conducted by the Commission concurrently with the FEP Agency's investigation of the charge.

[X] Enclosure: Copy of the Charge

BASIS FOR DISCRIMINATION: Age, Disability, Race/Color, Sex

CIRCUMSTANCES OF ALLEGED VIOLATION:
SEE ATTACHED N.Y.S. DIVISION OF HUMAN RIGHTS COMPLAINT

DATE: May 4, 2018

TYPED NAME OF AUTHORIZED EEOC OFFICIAL:
Kevin J. Berry

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

DWAYNE HARRIS,

Complainant,

v.

THE BRONX PARENT HOUSING NETWORK, INC.,
Respondent.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.

10194370

Federal Charge No. 16GB803013

I, Dwayne Harris, residing at 114 205th Street, Saint Albans, NY, 11412, charge the above named respondent, whose address is 1802 Crotona Ave, Bronx, NY, 10457 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of age, disability, race/color, sex.

Date most recent or continuing discrimination took place is 2/26/2018.

The allegations are:

1. I am a 41 year old (D.O.B. [REDACTED]) African American male, suffering from conditions (brain surgery/stroke) considered to be a disabilities under the Human Rights Law. Because of this, I have been subject to unlawful discriminatory actions.

SEE ATTACHED DESCRIPTION OF DISCRIMINATION

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to employment because of age, disability, race/color, sex, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

I also charge the above-named respondent with violating Title VII of the Civil Rights Act of 1964, as amended (covers race, color, creed, national origin, sex relating to employment). I also charge the above-named respondent with violating the Americans with Disabilities Act (ADA) (covers disability relating to employment). I also charge the above-named respondent with violating the Age Discrimination in Employment Act (ADEA) as amended (covers ages 40 years of age or older in employment). I hereby authorize SDHR to accept this verified complaint on behalf of the U.S. Equal Employment Opportunity Commission (EEOC) subject to the statutory limitations contained in the aforementioned law(s).

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

I was terminated from my position without being provided a reason for termination.

I believe it was due to what employer perceived as a decrease in my mobility, brain surgery, and me not being the "same person" as before my stroke and surgery.

I was replaced by a female subordinate of mine Chantelle Gallman who was showed preference by the organization CEO, Victor Rivera who is Hispanic.

Ms. Gallman is also younger than me.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

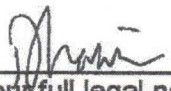
By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

PLEASE INITIAL OH

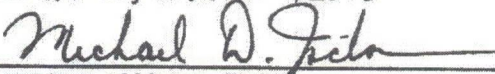
I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.



Sign your full legal name

MICHAEL D. JACKSON
Notary Public, State of New York
No. 01JA6198718
Qualified in Queens County
Commission Expires Jan. 5, 2021

Subscribed and sworn before me
This 23rd day of April, 2019



Signature of Notary Public

County: Queens Commission expires: 1/5/2021

Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.